CL	AIMS AS F	ILED - P	ARTI	-	2/	15		28 C		
		mn 1)		/(umn 2)		IALL YPE	ENTITY	~~		RTHAN
FOR	NUMBER	FILED	NUMBER			ATE .	FEE	OR 7		ENTITY
BASIC FEE					4 —			-	RATE	FEE
TOTAL CLAIMS	21	minus 20=					0.000	OR		690.00
NDEPENDENT CLAIMS	6	minus 3 =	. 2			9=		OR	X\$18=	18:
MULTIPLE DEPENDENT		ENT	<u> </u>		X3	39=	· ·	OR	X78=	234
If the difference in an	lumm d in to a				+10	30=		OR	+260=	
If the difference in co	•			column 2	TO	TAL		OR	TOTAL	442
	MS AS AME								OTHER	THAN
A Wall Control C	plumn 1) CLAIMS 震災	(Column 2) HIGHEST	(Column 3)	SM	ALL	ENTITY	OR	SMALL	
REI	MAINING AFTER	P	NUMBER REVIOUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONA
Total • AME	NDMENT A		PAID FOR		- 1		FEE			FEE
Total Independent	/ Min // Min		21		X\$	9≃		OR	X3-10-	
FIRST PRESENTATI			0	=//	X3:	9=		OR	X 35=	
		CL DEF EN	DENT CEATIV		+13	C=			360 +800=	
·						OTAL		OR	TOTAL	
(Co	lumn 1)	u	Caluma O		ADDIT.			OR	ADDIT. FEE	
				(Column 3)						
	LAIMS	* * 4	Column 2) HIGHEST	(Column 3)		_	ADDL			
REM	MAINING FER	* * # #	HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA	RAT	E.	ADDI- TIONAL		RATE	ADDI-
REM	MAINING FTER NDMENT	P	HIGHEST NUMBER	PRESENT EXTRA	-			,	RATE	ADDI- TIONAL FEE
REM A AME	MAINING FER	P us	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT X\$ 9		TIONAL	OR	RATE X\$18=	TIONAL
A AME	MAINING FTER NDMENT Mini	P us ••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	-	9=	TIONAL	OR OR		TIONAL
Total • Independent •	MAINING FTER NDMENT Mini	P us ••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9	9=)=	TIONAL	OR	X\$18=	TIONAL
Total • Independent •	MAINING FTER NDMENT Mini	P us ••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9 X39 +130	9=)=)=)TAL	TIONAL FEE	OR OR	X\$18= X78= +260=	TIONAL
Total • Independent • FIRST PRESENTATION	MAINING NOTER NDMENT Mini Mini ON OF MULTIF	P US PLE DEPEN	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	X\$ 9 X39 +130	9=)=)=)TAL	TIONAL FEE	OR OR	X\$18= X78= +260=	TIONAL
Total • Independent • FIRST PRESENTATION (Col. Col. Col. Col. Col. Col. Col. Col.	MAINING NOTER NDMENT Mini ON OF MULTIF	Pus us PLE DEPEN	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST	PRESENT EXTRA	X\$ 9 X39 +130	9=)=)=)TAL FEE	TIONAL FEE	OR OR	X\$18= X78= +260=	TIONAL FEE
Total • Independent • FIRST PRESENTATION (Col. C. C. REM. A.	MAINING NOTER NDMENT Mini ON OF MULTIF UMD 1) AIMS IAINING FTER	PUS US PLE DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA	X\$ 9 X39 +130	9=)=)TAL FEE	TIONAL FEE	OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE	TIONAL FEE
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Total • Independent • FIRST PRESENTATION (Col. C. C. REM. A.	MAINING NOTER NDMENT Mini Mini ON OF MULTIF UMD 1) AIMS IAINING FTER NOMENT Minu	PLE DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM	PRESENT EXTRA = (Column 3) PRESENT EXTRA	X\$ 9 X39 +130 70 ADDIT.	9=)=)=)TAL FEE	ADDI- TIONAL FEE	OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL
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Total • FIRST PRESENTATION (Col. CL. REM. AI. AME. AII. AME. AI. AME. AI. AME. AI. AME. AI. AME. AI. AME. AI. AME. AII. AII. AII. AII. AII. AII. AII. AI	MAINING UFTER NDMENT Minu ON OF MULTIF LAIMS LAINING FTER NDMENT Minu Minu ON OF MULTIP	PPLE DEPEND (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA = (Column 3) PRESENT EXTRA = =	X\$ 9 X\$ 9	9=)=)TAL FEE = =	ADDI- TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18=	ADDI- TIONAL